

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 16 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

452

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township Cape GirardeauPrimary Registration District No. 9009City Cape Girardeau(No. Southeast Mo. Hospital)

File No. \_\_\_\_\_

Registered No. 9

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Roy Norman Crader

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFIrma Ward

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 12, 1893

## 7. AGE

YEARS

43

MONTHS

2

DAYS

2If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farming9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Marble Hill, Mo.  
Bollinger Co

## FATHER

## 13. NAME

Daniel F. Crader14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Marble Hill, Mo.

## MOTHER

## 15. MAIDEN NAME

Sarah E. Crader16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Lafayette, Mo.

## 17. INFORMANT

(ADDRESS)

D. E. L. Crader  
Jackson, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Crader CemeteryDATE Jan. 17th 1937

## 19. UNDERTAKER

(ADDRESS)

Maack-Wilson-Howard  
Jackson, Missouri

## 20. FILED

1-14-37 M. Thompson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 14, 1937

## 22. I HEREBY CERTIFY That I attended deceased from

12/14/37 to 1/14/37I last saw him alive on 1/14/37, 1937. Death is saidto have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance

Name of operation NoneDate of JanWhat test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) D. E. L. Crader, M. D.(Address) Cape Girardeau, Mo.

REC 22 0301